

## OVERVIEW

### Mental Health Facility reviewed:

Intensive Behavior Center, Boulder, Montana

Jennifer Garber, Acting Facility Manager

### Authority for review:

Montana Code Annotated, 53-21-104

### Purpose of review:

1. To learn about services provided by the Intensive Behavior Center.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor regarding the status of services.

### Site Review Team:

#### Board:

Daniel Laughlin, Chairman

Andi Daniel, Board Member

#### BOV Staff:

Craig Fitch, Attorney

Rena Steyaert, Executive Director

### Review process:

- Remote via TEAMS interviews with the Intensive Behavior Center staff.
- Review of treatment activities via remote interviews with staff.
- Review written description of treatment programs.
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect.

## **Introduction**

On August 21, 2020, the Mental Disabilities Board of Visitors (BOV) conducted remote interviews with staff at the Intensive Behavior Center (IBC) in Boulder using the TEAMS platform. A physical site inspection was not possible due to the COVID-19 pandemic and Governor Bullock's Executive Orders adopted from the Centers for Medicare and Medicaid Services (CMS) memorandum dated March 13, 2020. These orders suspended visitation to residential facilities for all visitors and non-essential healthcare providers.

The closure of the former Montana Developmental Center (MDC) was established by the 2015 Montana Legislature. A continued need for intensive therapeutic placement of individuals with serious intellectual/developmental disabilities who are not able to be safely served in the community resulted in the development of the IBC. The IBC is a maximum 12-bed facility that provides an environment for building healthy, effective, and fulfilling lives so those receiving treatment can live successfully in the community after discharge.

The remodel of the vocational area planned for last year was not completed because of delays in renovation work, the process of removing excess equipment, and the overall disruption to operations with the quarantine due to COVID-19. The remodel project was reported to begin again with the replacement of the existing windows in October this year.

During last year's May 10, 2019, inspection, the BOV recommended that the IBC assess the current staffing patterns compared to the staffing need and make adjustments necessary to reduce the number of incidents and to adequately address emergency/incidents and patient/unit acuity. The BOV team received multiple reports that the staff is working well together, and as a team, and is instituting some new behavior treatments, including the Skills System model that is further explained in this report. The BOV is pleased that the IBC has made improvements in this area this past year.

The acting facility manager has provided an active role during the transition from MDC to the IBC and has made many difficult decisions regarding personnel and programming changes for the facility. Staff overwhelmingly report a good working relationship between administration and the staff. This result is reflected in the overall improved atmosphere on campus. Staff reports that everyone understands, accepts, and feels competent in their roles and multiple responsibilities.

## **Organizational Planning and Quality Improvement**

The IBC has not developed a current formal strategic plan. It was reported that Department of Public Health and Human Services (DPHHS) together with the IBC are currently working on a new updated strategic plan. The IBC does not involve family members/guardians in strategic planning, the quality improvement process, or in advisory groups.

The DPHHS quality improvement manager who serves the entire agency also oversees the quality improvement process for the IBC. Data is input into the Therap electronic program for all incident reporting, Individual Treatment Plans (ITP's), medications, and medical appointments, and that data is analyzed and shared with the IBC's administration team. This analyzed data is used to improve the quality of care, treatment, and support given to the residents.

### **Suggestion:**

- The development and finalization of a strategic plan with five-year goals would benefit the IBC to guide the facility with direction and goals to achieve.
- Client and family member/guardian surveys can be utilized as part of a quality assurance program as well as a strategic planning process.

## **Rights, Responsibilities and Safety**

### **Rights and Responsibilities**

Upon admission, the residents and family members/guardians are given an Individual Handbook. The client services coordinator (CSC) explains the content of the Individual Handbook to residents and family members/guardians, both verbally and in writing. The Individual Handbook informs them of the care they will receive at the IBC and explains the rights and responsibilities, grievance procedures, and safety procedures for the residents. Information in the Individual Handbook lists the BOV and Disability Rights Montana as advocates for residents and family members/guardians. The BOV was pleased to see that a 2019 recommendation to update the Individual Handbook in a way the residents can better understand (using more pictures, simpler sentences, and less information per page) was done.

Staff identified the appropriate process to report allegations of abuse and neglect and all incidents involving residents and staff. All incidents are documented in the electronic Therap program being used at the IBC. The Montana Department of Justice (DOJ) conducts all abuse and neglect investigations and reports their findings as substantiated or un-substantiated to the Event Management Committee (EMC) at the IBC. The EMC consists of the state department administrator, facility manager, director of staff operations, advanced practice registered nurse

(APRN), qualified intellectual disabilities professional (QIDP), and investigative technician. The EMC reviews each report and agrees or disagrees with the findings and uses the information to make possible corrections to programs, and personnel action if necessary.

The IBC has a grievance policy that is easily accessed, fair and responsive. Family members/guardians also have access to the forms electronically. A direct service professional (DSP) is responsible to help the resident fill out the grievance form and the CSC or QIDP works with the resident to resolve the grievance. If a resolution is not reached, the treatment team will discuss the grievance and the CSC will then explain the resolution to the resident. If the resident is not satisfied with the resolution, the Facility Manager will work with the CSC and the resident to resolve the grievance. Contact information regarding advocacy services from the BOV and DRM to assist with grievances is listed in the Individual Handbook and on the resident's individual phone lists.

### **Safety**

The IBC has an abuse and neglect policy that protects the residents from physical, verbal, and psychological abuse or neglect which includes sexual abuse, sexual assault, sexual contact, indecent exposure, and intercourse without consent. During the BOV interviews it was very apparent the staff understands and can implement the policy for abuse and neglect.

The safety of the residents is of utmost importance at the IBC. The staff reported and believe that the new Skills System model of treatment and techniques have reduced the number of incidents being reported. Whenever possible, the staff at the IBC use interventions and de-escalation techniques to reduce aggressive behaviors. The BOV notes that the IBC does not use seclusion rooms. The Skills System and a full level of staff has made the units much safer and the need for restraint has been reduced because of the improved relationship between the residents and staff. It is worth noting that IBC is no longer using seclusion or restraints anywhere in the facility.

IBC implemented changes to protect staff and residents during the COVID-19 period. Residents have a new schedule of daily activities that will allow for greater social distancing and reduce the risk of spreading the disease between residents.

## **Individual, Family Member, Guardian Participation**

The IBC encourages family participation in the care and treatment of a resident. Currently, that participation is done through phone or video communications. The resident and family member/guardian receive a copy of the treatment plan and are offered opportunities to participate in creating/editing the treatment plan. The BOV participates in treatment team meetings as a form of oversight to the plans. The treatment team discusses with the family

member/guardian about how they can help the resident achieve treatment goals. There is one designated contact person for family members, although a family member can speak with other staff when requested.

## **Cultural Effectiveness**

No Cultural Effectiveness Plan (CEP) was provided to the BOV team and interviews with staff seemed to confirm that no such plan exists. Staff reports that many of the activities previously provided, such as a church service and other cultural gatherings, have ceased due to COVID-19 and closure of the facility to visitors. The staff reported that they celebrate recognized holidays with residents. Patients use Facetime and ZOOM meetings with appropriate family members/guardians to maintain a connection with their individual culture and religious preferences.

### **Recommendation:**

- IBC should contract with a culturally competent clinician who can provide specific, culturally relevant recommendations to the treatment plans/behavioral plans/recovery plans for Native American clients at IBC. Ideally this person could also make suggestions about incorporating traditional practices into individual client leisure/recreational activities where appropriate.

## **Staff Competence, Training, Supervision and Relationships with Residents**

Each new employee receives an initial two-week orientation training. The trainings include the MANDT System, which is a comprehensive approach to prevent, de-escalate, and if necessary, intervene in behavioral reactions that could become aggressive. Other required trainings include Trauma-Informed Services/ACES, HIPAA (Health Insurance Portability and Accountability Act of 1996), Resident Rights, Abuse and Neglect, Developmental/Intellectual Disability Introduction and Awareness. Additional and on-going trainings are offered by the College of Direct Support (CDS) program. CDS is a web-based curriculum and learning management system designed to train direct support professionals (DSP) who work with individuals with intellectual and developmental disabilities. Many employees find the CDS training a bit boring and would prefer a few more opportunities to receive live training.

After the initial two-week training, DSP staff receive approximately 32 hours of shadow training with other more experienced staff and their supervisor before starting their first non-shadow

working shift. The DSP's duties are to reinforce skills for the residents such as how to do laundry, clean up the work areas, and other daily living skills, as well as providing one-to-one monitoring of residents.

Interviews suggest that clinicians and supervisors are on the residential units often and frequently interact with residents and DSP's. Staff report they are satisfied with their access to supervisors, administrators, and clinicians. Morale seems to have improved since the last two site inspections.

The BOV made a recommendation at the 2019 inspection to assess the current staffing patterns compared to the staffing need in order to reduce and adequately address the number of incidents. The administration reports that the number of high-level incidents being reported is lower than in past years because staff is consistent and well trained. The IBC advertised for employees on a roadside billboard in the Butte area this past year. The billboard is proving to be successful because there is an increase in applicants to work at the IBC and staffing is at a qualified and appropriate level now.

Beginning in February 2020 the staff began to implement the Skills System. The Skills System is a user-friendly set of emotion regulation skills designed to help people of various ages and abilities manage their emotions. It is designed to help people be aware of the current moment, think through the situation, and take goal-oriented actions. The IBC and Disability Services Division (DSD) staff are currently conducting monthly meetings with the creator of the Skills System, Dr. Brown, to assist with any issues and questions about the implementation of the method.

The Skills System model pairs well with the MANDT System which is the de-escalation and intervention training system that IBC uses to train staff. IBC staff reported that the decrease in higher-level resident incidents and the reduction of the "power struggle" atmosphere between residents and staff may be due to using the Skills System.

**Suggestion:**

- The IBC can try to schedule some opportunities for live, in-service trainings and not rely as heavily on the College of Direct Support (CDS) program trainings.

## **Treatment and Support**

After admission, the treatment team holds a ten-day review meeting of the Individual Treatment Plan (ITP) with the resident and family member/guardian for an agreement to proceed with services at the IBC. The ITP is required to be in place for implementation within

thirty days of admission; the treatment team performs the necessary assessments to help frame the ITP. All behavior plans are evaluated by a clinical therapist during a resident's weekly session. The treatment team schedules quarterly reviews of the plan.

Discharge plans to community providers are prepared for residents at the admission process. Community providers are contacted when a resident is ready to be discharged. Staff sometimes has difficulty finding an appropriate facility that can provide the necessary services for some of the residents due to their level of symptoms and diagnoses. For example, one resident has been ready to leave for a year, but the IBC cannot find an arrangement in the community. This has resulted in residents remaining at the IBC longer than necessary.

Staff reported that life skills treatment has been limited due to the current COVID-19 pandemic, and the delay in renovating the treatment area. Staff stated that more life skills would probably help the residents transition out of the facility with less anxiety.

Housing consists of three secure units within a closed area of the entire campus. Each unit can house up to four residents and each unit is staffed according to the resident's diagnosis and behaviors.

There is no facility kitchen or on-site food service at the IBC. The IBC has partnered with the community and has a contractual agreement with a local restaurant to provide the meals for the residents. It was reported that the residents enjoy the variety of food.

The nursing staff, led by an APRN, is responsible for the medications the residents receive. Medication reviews are completed every ten days, or sooner if necessary. The APRN is licensed to prescribe, review, and adjust any medications the residents need. All medications, including narcotics, are prescribed, transported, administered, monitored, and reviewed by the APRN and nursing staff, and are consistent with laws, regulations, and professional guidelines. When unused medications need to be disposed of, they are documented and handled according to established laws and regulations. All medications are stored in a locked medication cart that is accessed only by the nursing staff with their own individual code. The medication cart is transferred to a locked staff office in each housing unit. The staff offices are accessible to employees only by swiping their badge to open the door.

## **Access and Entry and Continuity of Services Through Transitions**

Access and entry into the IBC are more restricted than normal given the fact that the facility has capacity for only 12 residents, only accepts individuals with serious needs, and has a residential population which is vulnerable to Covid-19. By statute, the IBC gets to determine which

individuals they accept for their program. The Residential Facility Screening Team ensures that a referral is appropriate, and if it is, the IBC has one designated staff to assist in the resident's transition from the community to the facility. That same person is responsible for ensuring discharges run smoothly at time of discharge.

**Suggestion:**

- THE IBC should consider using one of the vacant cottages on campus to assess a resident's readiness for a step down/transition to community living.

**Recommendation:**

1. IBC should contract with a culturally competent clinician who can provide specific, culturally relevant recommendations to the treatment plans/behavioral plans/recovery plans for Native American clients at IBC. Ideally this person could also make suggestions about incorporating traditional practices into individual client leisure/recreational activities where appropriate.



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Rena Steyaert  
Executive Director  
Mental Disabilities Board of Visitors

December 17, 2020

Dear Rena,

Thank you for the time and effort that you and your team put into completing the site inspection of the Intensive Behavior Center. It is always beneficial to get feedback on the facility with regards to our professional standards for treatment of the individuals we serve.

It is especially rewarding to have an independent analysis of the hard work that the facility has done over the past year to improve our programs and the culture in which our residents live and our staff work. While 2020 has been far from a normal year we have been able to improve the overall satisfaction of our Direct Care staff and in doing so we have improved the services to our residents.

Below you will find the facility's response addressing the Board of Visitor's recommendations:

- *The development and finalization of a strategic plan with five-year goals would benefit the IBC to guide the facility with direction and goals to achieve.*
  - IBC recognizes the importance of strategic planning. We would appreciate further information on the strategic planning process that was recommended by Craig Fitch during our exit interview.
    - Timeline: TBD
- *Client and family member/guardian surveys can be utilized as part of a quality assurance program as well as a strategic planning process.*
  - The Client Service Coordinator and QIDP will work to develop a member/guardian survey to be used as a tool for improving programs, treatment plans, and measuring overall facility quality of care and programmatic satisfaction.
    - Timeline: Completion on or before October 1, 2021

- *IBC should contract with a culturally competent clinician who can provide specific, culturally relevant recommendations to the treatment plans/behavioral plans/recovery plans for Native American clients at IBC. Ideally this person could also make suggestions about incorporating traditional practices into individual client leisure/recreational activities where appropriate.*
  - The facility strives to recognize culturally specific practices and activities. Once COVID restrictions have lifted, the facility will implement regular trips to Helena for Native American spiritual services and activities such as Pow-Wows.
    - Timeline: Ongoing
- *The IBC can try to schedule some opportunities for live, in-service trainings and not rely as heavily on the College of Direct Support (CDS) program trainings.*
  - The leadership team of the facility agrees with this recommendation and are currently working to find more hands-on live trainings for staff. The facility will continue to use CDS to distribute and track resident specific ITP data but will implement more face-to-face training utilizing the Shift Manager staff. The Client Service Coordinator will work with the Director of Staffing to create a desk level procedure for rolling our ITP or Resident specific training to the Direct Care staff via the Shift Managers.
    - Timeline: Once COVID restrictions have lifted, training – ongoing; Desk level procedure completed by July 1, 202
- *The IBC should consider using one of the vacant cottages on campus to assess a resident's readiness for a step down/transition to community living.*
  - The facility management does not have the authority to work on this recommendation.

Should you have any questions, please do not hesitate to contact me.

Respectfully,

Rebecca de Camara

Administrator, DSD